

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
CLAIMS								*		*	*		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.								
1								51					
2								52					
3								53					
4								54					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4												
TOTAL DEP.	16												
TOTAL CLAIMS	20												